



2nd Quarter 2009 ~ Human Resources Development Course Offerings



Please check the course(s) you want to attend, write your name, phone number, date & department, get your supervisor's signature, and return to your training coordinator. Our newsletter can also be accessed by visiting our webpage <http://www.hamiltoncountyohio.gov/hr/HRDHome.asp>. Thanks!

| Course | Sessions | Dates | Time |
|--|----------|--------------------------|------------------------------|
| <input type="checkbox"/> Civil Treatment: The Employees' Course <input type="checkbox"/> Civil Treatment: The Employees' Course | 1 1 | April 22 June 4 | 8:30 - 12:30 8:30 - 12:30 |
| <input type="checkbox"/> CPR | 2 | April 7 April 8 | 8:30 - 3:30 8:30 - 12:00 |
| <input type="checkbox"/> EAP: Supervisory Overview | 1 | June 10 | 1:30 - 3:30 |
| <input type="checkbox"/> Employee Orientation | 1 | May 19 | 1:00 - 4:00 |
| <input type="checkbox"/> Leadership For Results ~ Supervisor Performance Management | 5 | June 2, 9, 16, 23 & 30 | 8:30 - 12:30 |
| <input type="checkbox"/> Leadership For Results ~ Supervisor/Employee Problem Solving | 3 | April 16, 23 & 30 | 8:30 - 12:30 |
| <input type="checkbox"/> Leadership For Results ~ Supervisor/Employee Succeeding in a Dynamic Workplace | 4 | May 15, 22, 29, & June 5 | 8:30 - 12:30 |
| <input type="checkbox"/> Organizing Skills | 2 | May 6 and May 20 | 8:30-12:30 |
| <input type="checkbox"/> Professional Customer Service | 1 | May 28 | 8:30-3:00 |
| <input type="checkbox"/> Professional Writing | 2 | June 18 & 25 | 8:30-4:30 |
| <input type="checkbox"/> Situational Self Leadership | 2 | May 12 May 19 | 8:30-3:30 8:30-3:30 |
| <input type="checkbox"/> Time Management: Juggling Multiple Priorities | 1 | June 11 | 8:30-3:00 |
| <input type="checkbox"/> Workplace Violence: Prevention & Response | 1 | June 17 | 8:30 - 11:30 |

HAMILTON COUNTY E-LEARNING

Course Title/Year

(e.g. Excel)

(e.g. 2003)

Level 1 2 3
(circle one) beginner intermediate advanced

Do you want certificate credit? Yes___ No___
(passing post-test required)

Do you have experience with the program you are requesting? Yes___ No___

Department: _____

Requested By: _____

Employee (Please Print)

Employee's Phone Number

Date

Social Security # _____

Approved By: _____

Supervisor's Signature

Date